



## **SUPPLEMENTAL Application Data Sheet**

### **Application Information**

Application number:: 10/797,910

Filing Date:: 03/09/04

Application Type:: Regular

Subject Matter:: Utility

Title:: APPARATUS AND METHODS FOR MAPPING  
OUT ENDOLUMINAL GASTROINTESTINAL  
SURGERY

Attorney Docket Number:: 021496-000600US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 8

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: KENNETH

Middle Name:: J.

Family Name:: MICHLITSCH

City of Residence:: Livermore

State or Province of Residence:: CA

Street of Mailing Address:: 822 South M Street

City of Mailing Address:: Livermore

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94550

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VAHID  
Family Name:: SAADAT  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Street of Mailing Address:: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RODNEY  
Family Name:: BRENNEMAN  
City of Residence:: San Juan Capistrano  
State or Province of Residence:: CA  
Street of Mailing Address:: 34002 Las Palmas Del Mar  
City of Mailing Address:: San Juan Capistrano  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92675

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: TRACY  
Family Name:: MAAHS  
City of Residence:: Rancho Santa Margarita  
State or Province of Residence:: CA  
Street of Mailing Address:: 11 Paseo Simpatico  
City of Mailing Address:: Rancho Santa Margarita  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92688

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Assignee Information**

Assignee Name:: USGI MEDICAL INC.  
Assignee Name:: USGI MEDICAL CORP.  
Street of mailing address:: 1140 Calle Cordillera  
Suite A  
City of mailing address:: San Clemente  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92673